

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 486659

1. Entity Name

CORVO, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90229 006 ***150.00

Principal Place of Business

8701 NORTHWEST 32ND AVENUE
MIAMI FL 33147-3705

Mailing Address

8701 NORTHWEST 32ND AVENUE-
MIAMI FL 33147-3705

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

15450 New Barn Road

Suite, Apt. #, etc.
Suite 302

City & State
Miami Lakes, FL 33014

Zip
33014

Country
U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1631258

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORVO, MARIO RAUL
8701 N.W. 32 AVE.
MIAMI FL 33147

7. Name and Address of New Registered Agent

Name
Lourdes Corvo
Street Address (P.O. Box Number is Not Acceptable)
15450 New Barn Road, Suite 302
Miami Lakes, FL
City Miami Lakes FL Zip Code 33014

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Lourdes Corvo/ Vice President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PS	<input checked="" type="checkbox"/> Delete
NAME	CORVO, MARIO RAUL	
STREET ADDRESS	3300 NW 83RD STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maria Cristina Diaz	
STREET ADDRESS	8545 N.W. 165 Street	
CITY-ST-ZIP	Miami, FL 33016	
TITLE	✓	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lourdes Corvo Jelincic	
STREET ADDRESS	8464 N.W. 165 Street	
CITY-ST-ZIP	Miami, FL 33016	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lourdes Corvo Jelincic 4/29/00 (305) 827-0084

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)